



# Ho-Chunk Nation Application for Employment

The Ho-Chunk Nation Legislature has officially adopted a policy for implementing Ho-Chunk Preference. Since this is a tribally owned organization, the goal is to employ, train, and promote the Ho-Chunk Nation's enrolled members to promote economic self-sufficiency.

(Please Print)

Last Name	First Name	Middle Initial
Address	City	State Zip Code
Home Ph #	Cell Ph #	Social Security #
Email	<input type="checkbox"/> May we contact you by text or email regarding Interviews?	

Job Code	Position(s) Applying For	Department/Location	Date of Application
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

- If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No
- Are you able to become lawfully employed in this country?  
(Proof of citizenship or immigration status will be required upon employment.)  Yes  No
- Are you available to work:  Full Time  Part Time  Temporary
- Forward application to Dept. of Labor to be contacted for more employment and/or training opportunities?  Yes  No

### The following section is optional and is only used to assign preference points.

The Department of Personnel shall research and prepare a written response to all written inquiries of possible misapplication of the Ho-Chunk Preference Policy and Native American Preference. Individuals have the right to submit a written inquiry to the Department of Personnel, regardless of whether such individual is an employee at the time of the application process.

- Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_  
(A copy of your Tribal ID must be attached to be given preference points.)
- Are you a Non-Enrolled Parent or Spouse of a Ho-Chunk Nation Enrolled Member?  Yes  No  
If yes, list dependent(s) or spouse's enrollment number(s):  
\_\_\_\_\_

- Are you a Veteran of the United States Military?  Yes  No  
(A copy of your DD214 Discharge papers, must be attached to be given veteran's preference points.)  
If yes, When: \_\_\_\_\_ Release date/type: \_\_\_\_\_

**EDUCATION** (To be considered for position(s) please submit a copy of your degree/certification for education claimed above high school.)

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree	Year Received
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Undergraduate College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate / Professional					
Other (Specify)					

**WORK EXPERIENCE**

Start with your most recent job. Include any job-related military service and volunteer activities.  
*Reference checks may be conducted unless marked.*

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Job Title			
Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Job Title			
Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Job Title			
Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Job Title			
Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

**Comments: Include explanation of any gaps in employment.**

**Describe any specialized training, apprenticeship, skills, and extra-curricular activities.**

**Describe any job-related training received in the United States military.**

**List professional, trade, business, or civic activities and offices held. (optional)**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

**Additional Information**

Have you ever been convicted of a felony? *(Do not include traffic violations.)*  Yes  No

Type	Year	County	State

Have you ever been convicted of a misdemeanor? *(Do not include traffic violations.)*  Yes  No

Type	Year	County	State

Have you ever been convicted of violating a Tribal/City/Council Ordinance, including the Nation's Drug Policy? *(Do not include traffic violations.)*  Yes  No

Type	Year	County	State

If you have used or are otherwise known by another name, list all such names below: (including nickname(s) and maiden names).

1. \_\_\_\_\_

2. \_\_\_\_\_

Previous Address(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Note to Applicant: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB(S) FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job(s) or occupation(s) for which you have applied? A review of the activities involved in such a job or occupation has been given.  
 Yes     No

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**PRIVACY ACT NOTICE**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation on this form is authorized by 25 U.S.C. 2791 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employees of the Ho-Chunk Nation. The information will be used by the Ho-Chunk Nation and staff who have need for the information in the performance of their official duties and may be disclosed to appropriate Tribal, Federal, State, local and foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions. Disclosure may also occur pursuant to a requirement of the Ho-Chunk Nation, in connection with the hiring or the firing of an employee, or the issuance or revocation of a tribal license or investigations of activities while associated with the Ho-Chunk Nation. Failure to consent to the disclosures indicated in this notice will result in the rejection of your application for employment.

The disclosure of your gender or social security number is voluntary. However, failure to supply your gender and social security number may result in errors in the processing of your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Gender:     Male    or     Female

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize all persons and entities to which this release is presented, having information related to or concerning me, to furnish any and all such information to any agent of the Ho-Chunk Nation. Any reproduction of this release, whether photocopy, fax, or other process, shall be considered as valid as the original. Employers are hereby released from any and all liability, which may result from furnishing such information. This authorization is good for one (1) year from the date below.

The application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

In accordance with the Drug Free Work Place Act of 1988, all applicants/employees are required to comply with the Ho-Chunk Nation's Drug and Controlled Substances Policy and Procedures.

Please Print Your Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_